

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27824

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 12
City St. Louis (No. 3716) St. Compton Ave St. 6853 Ward

2. FULL NAME

(a) Residence, No. 3716 St. Compton Ave 16 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Victor Lorenz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 6 - 1871</u>		
7. AGE <u>62</u>	YEARS <u>5</u>	MONTHS <u>0</u>
11. Total time (years) spent in this occupation		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		13. NAME <u>John Low</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
10. Date deceased last worked at this occupation (month and year)		15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		17. INFORMANT (ADDRESS) <u>Victor Lorenz</u> <u>3716 St. Compton Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Aug 11</u> 19 <u>33</u>		19. UNDERTAKER (ADDRESS) <u>Wacker Helderle</u> <u>1331 S. Broadway</u>
20. FILED <u>AUG - 8 1933</u>		21. REGISTRAR <u>J. F. Brudick</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933, to Aug 6 1933
I last saw him alive on Aug 5 1933 Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of R. breast
50
50
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) L. F. Morgan, M. D.
(Address) 1531 - S. 9th St.

